Section 13

CHILD FATALITY REVIEW MAIN ELEMENTS

HOUSEHOLD AND COMMITTEE INFORMATION CIRCUMSTANCES

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CFR records available on victim: KCFR

Name	Definition
KCFR	Describes whether Child Fatality Review (CFR) records are available for this victim

Uses

Will be used as a branch question so that negative answers will trigger "Not applicable" to be filled in for all data elements that are part of the CFR Module. It will also provide an estimated frequency with which CFR records are available for child violent deaths in NVDRS sites that collaborate with CFR programs.

Discussion

Code KCFR as "No" if the records have been requested for a child victim and the CFR program either does not have a record for the victim or is unable to supply the record.

Name	Label	Table	Туре	Field Length	Priority	Primacy
KCFR	CFR records available on victim:	Person	Number	1	О	CFR

Response Options:

KCFR

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

VICTIM ILLNESS OR DISABILITY (CFR)

Victim had a physical illness at time of incident: KIllness2
If yes, specify diagnosis: KIllTxt
Victim had disability at time of incident: KDisable2
If yes, disability was physical: KDisPhy2
If yes, disability was developmental: KDisDev2
If yes, disability was sensory: KDisSens2

Name	Definition
KIllness2	Victim had an acute or chronic illness at the time of the incident
KIllTxt	Free text field to indicate diagnosis if victim was ill at the time of the incident
KDisable2	Victim had a disability at the time of the incident
KDisPhy2	Victim's disability was physical (e.g. paraplegic, cerebral palsy)
KDisDev2	Victim's disability was developmental (e.g. mentally retarded, autistic)
KDisSens2	Victim's disability was sensory (e.g. blind, deaf)

Uses

Information regarding the victim's state of health at the time of the fatal incident can be helpful for determining potential risk factors for violent death. The stress of caring for an acutely or chronically ill child can be a contributing factor to abusive behavior on the part of a caregiver. Chronic illness can also be associated with depression, low self-esteem, and substance abuse among older children, resulting in a potentially higher risk for suicidal and homicidal behavior. This data element will help inform intervention and prevention efforts.

Discussion

Physical illness may be acute (e.g., viral gastroenteritis, pneumonia) or chronic (e.g., diabetes, asthma, sickle cell anemia), however, if the chronic illness did not impose increased care demands at the time of the incident, do not code "Yes." For example, if a child had a history of asthma, but had no acute exacerbation at the time of the incident, code "No." The severity of the illness should not be considered when coding KIllness2; any mention in the record of the victim being physically ill at the time of the incident is sufficient to warrant coding KIllness2 as "Yes". Physical disability implies a chronic physical impairment that has a substantial, long-term effect on the child's day-to-day function (e.g., cerebral palsy). Developmental disability implies a chronic cognitive or developmental deficit that has a substantial, long-term effect on the child's day-to-day function (e.g., autism, mental retardation). Sensory disability implies a chronic sensory deficit that has a substantial, long-term impact on the child's day-to-day functioning (e.g., blindness, deafness). Prematurity in and of itself should not be considered an

illness or a disability unless it resulted in a condition that fits into one of those categories (e.g., chronic lung disease, visual impairment). Please see Prenatal History variables to code for prematurity (KPNPrem). If a child was not specifically diagnosed with or documented to have one of the listed disabilities, answer "No." The answer "No" may thereby include Missing and Unknown and "Known not to be present." The information used to complete this data element may come from parental history (as per law enforcement or CPS records), medical records, and/or autopsy.

Name	Label	Table	Type	Field Length	Priority	Primacy
KIllness2	Victim had a physical illness at time of incident:	Person	Checkbox	1	О	CFR
KIllTxt	If yes, specify diagnosis:	Person	Text	40	О	CFR
KDisable2	Victim had disability at time of incident:	Person	Checkbox	1	О	CFR
KDisPhy2	If yes, disability was physical:	Person	Checkbox	1	О	CFR
KDisDev2	If yes, disability was developmental:	Person	Checkbox	1	О	CFR
KDisSens2	If yes, disability was sensory:	Person	Checkbox	1	О	CFR

Response Options:

KIllness2

0 No, Unknown, Missing

1 Yes

KIllTxt

None

KDisable2

thru

KDisSens2

0 No, Unknown, Missing

1 Yes

PRENATAL HISTORY OF INFANTS

Infants: Prenatal care prior to the 3rd trimester: KPNCare Infants: Maternal recreational drug use: KPNSubs Infants: Maternal alcohol use: KPNAlcoh Infants: Maternal tobacco use: KPNTob Infants: Victim born prematurely: KPNPrem

Name	Definition	
KPNCare	Victim's mother received prenatal care prior to 3 rd trimester	
KPNSubs	Victim was exposed to recreational drugs in utero	
KPNAlcoh	Victim was exposed to alcohol in utero	
KPNTob	Victim was exposed to tobacco in utero	
KPNPrem	Victim was born prematurely	

Uses

These data elements are collected only on victims less than one year old. The prenatal history variables will help to elucidate the relationship between the presence and duration of prenatal care and violent child death. Lack of adequate prenatal care may be a proxy for a variety of risk factors that may relate to violent child death (e.g., neglect, educational level, investment in the concept of wellness care, etc.). Information gathered from all of these data elements will provide indirect information about the psychosocial environment of the child and medical information. Certain conditions resulting from lack of prenatal care and/or exposure to toxins in utero, place the child at increased risk of developmental delay and other long-term sequelae which may place them at higher risk for violent death.

Discussion

Prenatal care is defined as pregnancy-related medical care delivered by a doctor, nurse, or other healthcare professional with the goal of monitoring the pregnancy, providing education, and increasing the likelihood of a positive maternal and fetal outcome. Answer "Yes" only if there are documented prenatal visits before the third trimester. Maternal recreational drug use includes all drugs (except alcohol and tobacco) that are either non-prescription, or are being used in a manner inconsistent with safe prescribing practices. Answer "Yes" only if there is documented evidence or clear reports of substance, alcohol or tobacco use during pregnancy with the victim. Despite history of maternal substance, alcohol, and/or tobacco use with prior pregnancies, if it is not documented or evident during her pregnancy with the victim, the data element should be coded "No." For KPNPrem, prematurity is defined as an estimated gestational age less than 37 weeks.

Name	Label	Table	Type	Field Length	Priority	Primacy
KPNCare	Infants: Prenatal care prior to the 3 rd trimester:	Person	Number	1	0	CFR
KPNSubs	Infants: Maternal recreational drug use:	Person	Number	1	О	CFR
KPNAlcoh	Infants: Maternal alcohol use:	Person	Number	1	О	CFR
KPNTob	Infants: Maternal tobacco use:	Person	Number	1	О	CFR
KPNPrem	Infants: Victim born prematurely:	Person	Number	1	О	CFR

Response Options:

KPNCare

thru

KPNPrem

- 0 No 1
- Yes 7 Not collected by local CFR team
- Not applicable Unknown 8
- 9

PRIOR CPS CONTACTS (EVER)

D - C - :4: - --

Prior CPS report on the victim's household:

If yes, CPS report filed on whom:

KCPSWho
If yes, report substantiated:

Physical abuse substantiated:

Sexual abuse substantiated:

KCPSPhys

KCPSPhys

KCPSSex

KCPSNeg

KCPSNeg

CPS case opened on other children due to this death:

KCPSOpen

Name	Definition
KCPSRept	Prior CPS report was filed on the victim's household
KCPSWho	Person on behalf of whom or against whom a CPS report was filed
KCPSTrue	At least one prior CPS report filed on the victim's household was substantiated
KCPSPhys	At least one substantiated CPS report filed on the victim's household was for physical abuse
KCPSSex	At least one substantiated CPS report filed on the victim's household was for sexual abuse
KCPSNeg	At least one substantiated CPS report filed on the victim's household was for neglect
KCPSOpen	A CPS case was opened on other children as a result of this death

Uses

NT - --- -

Information regarding prior reports on the victim and/or another child in the victim's household as victims of maltreatment will help characterize the environment in which the decedent was living. A history of maltreatment is also a risk factor for homicidal and suicidal behaviors in youth. Information from these data elements may give feedback on systems issues and may elucidate opportunities for secondary prevention at a systems level.

Discussion

All of the questions except for KCPSOpen refer to CPS contacts prior to the current incident, and *not* contacts that resulted from the current case. "Household" is defined as the residence where the victim lived the majority of the time when the fatal incident occurred. "Household" was chosen as the unit for this question in an attempt to characterize the victim's environment. However, in the case of a victim living with a foster family or in an institution at the time of the fatal incident, answer regarding the family of origin. If known maltreatment existed in the foster family, describe in incident narrative. Please note that a report or referral can be in reference to a child or an adult living in the

household. When the only information available is that a report was filed on the household, indicate "Unknown" for KCPSWho. If a report was not made on behalf of a child in the household, but a report was filed against an adult who currently lives in the household (e.g., no reports against the victim's mother, but the mother's boyfriend was previously investigated for abuse), code KCPSWho as "adult in household." Any substantiation ever should be coded as "Yes" even if some of the reports/referrals were substantiated and others were not.

Name	Label	Table	Туре	Field Length	Priority	Primacy
KCPSRept	Prior CPS report on the victim's household:	Person	Number	1	O	CFR
KCPSWho	If yes, CPS report filed on whom:	Person	Number	1	О	CFR
KCPSTrue	If yes, report substantiated:	Person	Number	1	О	CFR
KCPSPhys	Physical abuse substantiated:	Person	Number	1	О	CFR
KCPSSex	Sexual abuse substantiated:	Person	Number	1	0	CFR
KCPSNeg	Neglect substantiated:	Person	Number	1	0	CFR
KCPSOpen	CPS case opened on other children due to this death:	Person	Number	1	О	CFR

Response Options:

KCPSRept

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

KCPSWho

- 1 Victim
- 2 Other child in household
- 3 Both
- 4 Adult in household
- 6 Other, or unspecified
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

KCPSTrue thru KCPSOpen

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

PRIOR SYSTEM CONTACTS

KLawVict2 Victim contact with police: Household's contact with police: KLawHous2 Victim contact with juvenile justice system: KJuv2 Victim contact with the health care system: KHealth2 Victim contact with mental health services: KMHServ2 Victim/primary caregiver contact with social services: KSocial2 Primary caregiver on welfare/financial assistance: KWelfare2 Victim/primary caregiver contact with WIC: KWIC2 Victim/primary caregiver contact with Medicaid: KMedicaid2

Name	Definition		
KLawVict2	Victim had contact with police in the past 12 months		
KLawHous2	Household had contact with police in the past 12 months		
KJuv2	Victim had contact with juvenile justice system in the past 12 months		
KHealth2	Victim had contact with health care system in the past 12 months		
KMHServ2	Victim had contact with mental health services in the past 12 months		
KSocial2	Victm/primary caregiver had contact with social services in the past 12 months		
KWelfare2	Primary caregiver was on welfare/financial assistance in the past 12 months		
KWIC2	Victim/primary caregiver had contact with WIC in the past 12 months		
KMedicaid2	Victim/primary caregiver had contact with Medicaid in the past 12 months		

Uses

Contacts with the system may occur at many different points. Each contact instance is a potential opportunity for preventing violent death. The information collected in this data element will demonstrate where children who suffer from different types of violent death tend to come into contact with the system. That pattern recognition may serve as a guide for allocating resources for prevention.

Discussion

KLawVict2, KJuv2, KHealth2, and KMHServ2 all refer to whether the child/victim had contact with these points in the system prior to the fatal incident. KSocial2, KWIC2 and KMedicaid2 ask if either the child or the primary caregiver had contact with these points in the system in the year prior to the incident. The social services system can include health educator home visits or voluntary services, such as parenting support or respite services. And KWelfare2 refers to whether the primary caregiver of the victim was on welfare or receiving governmental financial assistance. KLawHous2 refers to the household's history of contact with law enforcement (e.g., police being called by neighbors secondary to domestic disturbance).

Name	Label	Table	Туре	Field Length	Priority	Primacy
KlawVict2	Victim contact with police:	Person	Checkbox	1	О	CFR
KLawHous2	Household's contact with police:	Person	Checkbox	1	0	CFR
KJuv2	Victim contact with juvenile justice system:	Person	Checkbox	1	О	CFR
KHealth2	Victim contact with the health care system:	Person	Checkbox	1	0	CFR
KMHServ2	Victim contact with mental health services:	Person	Checkbox	1	0	CFR
KSocial2	Victim/primary caregiver contact with social services:	Person	Checkbox	1	O	CFR
KWelfare2	Primary caregiver on welfare/financial assistance:	Person	Checkbox	1	О	CFR
KWIC2	Victim/primary caregiver contact with WIC:	Person	Checkbox	1	О	CFR
KMedicaid2	Victim/primary caregiver contact with Medicaid:	Person	Checkbox	1	O	CFR

Response Options:

KLawVict2

thru

KMedicaid2

0 No 1 Yes

SUSPECT INFORMATION

Specific person suspected: SusIdent Suspect arrested as perp in this death: SArrest Suspect charged as perp in this death: SusChg Suspect prosecuted: SusPros Suspect convicted: **SConvict** Suspect convicted of original charge: **SOriginal CPS** report or referral ever filed on the suspect: **CPSRepFil** Suspect ever charged with a prior homicide: **SusPrHomi**

Name	Definition	
SusIdent	Law enforcement identified the suspect by name	
SArrest	Suspect was arrested as a perpetrator in this death	
SusChg	Suspect was charged as a perpetrator in this death	
SusPros	Suspect was prosecuted as a perpetrator in this death	
SConvict	Suspect was convicted as a perpetrator in this death	
SOriginal	Suspect was convicted of original charge	
CPSRepFil	Child Protective Service report had previously been filed on this suspect	
SusPrHomi	Suspect had ever been charged with a prior homicide	

Uses

Information regarding the legal ramifications for the suspects (i.e. arrests, charges, prosecution and convictions) will be helpful for evaluating law enforcement and criminal justice system response to violent deaths. Information about the suspects' past violent behavior will help highlight system issues and opportunities for improvement.

Discussion

Code "Yes" to SusIdent if a specific person was identified by law enforcement as a suspect. If law enforcement does not know the identity (i.e., name) of the suspect, or if they only have a physical description, code "No". When answering suspect arrested, suspect charged, suspect prosecuted, suspect convicted, and suspect convicted or original charge, consider whether the suspect was arrested, charged, prosecuted and/or convicted as a perpetrator in this death (i.e., not only charged with lesser offenses such as the possession of a firearm without a permit, or reckless endangerment). "CPS report or referral ever filed" refers to a prior Child Protective Services report filed on the suspect as a perpe-trator of child abuse or neglect. "Suspect ever charged with a prior homicide" refers to charges of homicide perpetration prior to this victim, regardless of outcome.

Name	Label	Table	Туре	Field Length	Priority	Primacy
SusIdent	Specific person suspected:	Person	Number	1	О	CFR
SArrest	Suspect arrested as perp in this death:	Person	Number	1	О	CFR
SusChg	Suspect charged as perp in this death:	Person	Number	1	O	CFR
SusPros	Suspect prosecuted:	Person	Number	1	О	CFR
SConvict	Suspect convicted:	Person	Number	1	О	CFR
SOriginal	Suspect convicted of original charge:	Person	Number	1	O	CFR
CPSRepFil	CPS report or referral ever filed on the suspect:	Person	Number	1	О	CFR
SusPrHomi	Suspect ever charged with a prior homicide:	Person	Number	1	O	CFR

Response Options:

Response Opt	ions:
SusIdent	
and	
SArrest	
0	No
1	Yes
7	Not collected by local CFR team
8	Not applicable
9	Unknown
SusChg	
and	
SusPros	
0	No
1	Yes
3	Pending/In progress
7	Not collected by local CFR team
8	Not applicable
9	Unknown
SConvict	
0	Acquitted
1	Convicted
3	Pending, in progress
7	Not collected by local CFR team
8	Not applicable
9	Unknown

Person/CFR/Main Elements

SOriginal	
0	No, convicted of lesser charge
1	Yes, convicted of original charge
7	Not collected by local CFR team
8	Not applicable
9	Unknown
CPSRepFil	
and	
SusPrHomi	
0	No
1	Yes
7	Not collected by local CFR team
8	Not applicable
9	Unknown

HOUSEHOLD INFORMATION

Type of residence where victim lived: KResType Length of time in residence: KResTime Unrelated adult living in victim's household: KAdultUn Other children <18 yrs in household: KKids

Name	Definition
KResType	Victim's type of primary residence
KResTime	Length of time in residence
KAdultUn	Unrelated adult living in victim's household?
KKids	Presence of other children under 18 living in the victim's household

Uses

The role of these data elements is to provide information about the type and stability of residence at the time of fatal incident. In addition, these variables will provide information about risk factors for child maltreatment in the home (such as having an unrelated adult living in the victim's home) and whether there were other children in the home.

Discussion

These questions are to be asked of all child victims. Primary residence is the place where the victim lived the majority of the time when the incident occurred (not at the time of death if the residences were different). For example, if a child is injured in their own family home and dies four months later in the hospital, answer questions regarding their own family home.

"Victim's family home" is defined as victim's self-identified family where applicable; this may be biologic parents, other relatives, adoptive or stepparents. "On own" indicates that the decedent was living separately from his/her family (e.g., living with boyfriend or peers). If the victim was known to be moving from place to place without a permanent residence (i.e., "on the run"), or if the victim was a newborn who was still in the hospital, code as "Not applicable" and describe in the incident narrative. For KResTime, code the approximate length of time that the victim had been living at the residence indicated in KResType. All time frames listed are with respect to the timing of the fatal incident. For example, if victim was known to have come back to live with family of origin after foster care stay and commits suicide within two weeks of returning, code "Within the past month." KAdultUn and KKids apply to children who lived with their own family, on their own, or with a foster family at the time of the fatal incident. An unrelated adult is defined as a person 18 years or older who was living in the household at the time of the incident, including primary caregivers (e.g., mother's boyfriend, stepmother, friend of family, tenant, nanny, etc.). Adoptive parents should not be considered unrelated. If the victim lived in an institution (e.g., shelter, school, juvenile detention facility) at the time of the fatal incident, mark "Not applicable." If there were circumstances in the decedent's

household at the time of death that contributed to the child's death, explain that separately in the incident narrative. For example, if a child is in a vegetative state secondary to shaken baby syndrome and dies of pneumonia three years later, answer KAdultUn and KKids regarding the household at the time of the shaking. However, if something about the quality of the child's foster care at the time of death was also contributory to its death, note that in the incident narrative.

Name	Label	Table	Type	Field Length	Priority	Primacy
KResType	Type of residence where victim lived:	Person	Number	2	0	CFR
KResTime	Length of time in residence:	Person	Number	1	О	CFR
KAdultUn	Unrelated adult living in victim's household:	Person	Number	1	O	CFR
KKids	Other children <18 yrs in household:	Person	Number	1	О	CFR

Response Options:

KR	esT	Γv	ne
171/		LYI	\sim

- 1 Victim's family's home
- 2 Foster family home
- 3 On own, e.g., living w boyfriend
- Residential group home
- 5 Shelter
- 6 Juvenile detention facility, jail, prison
- 7 School/college
- 66 Other
- 77 Not collected by local CFR team
- Not applicable (homeless or adult)
- 99 Unknown

KResTime

- 0 One week or less
- 1 Within the past month
- Within the past 6 months
- 3 Between 6 months and 1 year
- 4 Between 1 to 5 years
- 5 More than 5 years
- 6 Other
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

KAdultUn and KKids

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Marital relationship of victim's biological parents: KMarital

Name	Definition
KMarital	Marital relationship of victim's biological parents at the time of incident

Uses

Establish the marital relationship of victim's biological parents to one another at the time of the fatal incident.

Discussion

Code the response option that best fits the marital relationship of the victim's biological parents to one another at the time of the fatal incident. For example, if the victim's biological mother and father were never married, but the biological father was married to another woman at the time of the fatal incident, KMarital should be coded as "Never married".

Name	Label	Table	Туре	Field Length	Priority	Primacy
KMarital	Marital relationship of victim's biological parents:	Person	Number	1	O	CFR

Response Options:

KMarital

- 1 Married
- 2 Never married
- 3 Widowed
- 4 Divorced
- 5 Married, but separated
- 6 Single, not otherwise specified
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

DOMESTIC VIOLENCE AND SUBSTANCE ABUSE

Intimate partner violence in victim's household: KDV
Substance abuse in victim's household: KSubs
Intimate partner violence in victim's foster home: KDVFos
Substance abuse in victim's foster home: KSubsFos

Name	Definition			
KDV	Evidence of intimate partner violence in victim's household			
KSubs	Evidence of substance abuse in victim's household			
KDVFos	Evidence of intimate partner violence in victim's foster family (if applicable)			
KSubsFos	Evidence of substance abuse in victim's foster family (if applicable)			

Uses

These variables elucidate the child's exposure to violence and substance abuse (including alcohol, prescription and recreational drugs) in the home.

Discussion

Domestic violence refers to intimate partner violence. Substance abuse refers to all drugs (including alcohol) that are either non-prescription or being used in a manner inconsistent with safe prescribing practices. KDV and KSubs are to be asked about all children regarding their household at the time of the fatal incident. For children who lived with their families or who were institutionalized (either temporarily or permanently) answer the questions regarding the family of origin. For permanently institutionalized children with no family to return to, the answer will be "Not applicable". For children in foster care at the time of the fatal incident, answer the questions regarding both the foster home (KDVFos and KSubsFos) and the family of origin (KDV and KSubs). In any kind of household, if the victim was a substance abuser, but no one else in the household was, code "No" to KSubs and/or KSubsFos. However, if anyone else in the household was abusing substances, including other children <18, code "Yes" for KSubs and/or KSubsFos. If there were circumstances in the decedent's household at the time of death that contributed to the child's death, explain that separately in the incident narrative. For example, if a child is in a vegetative state secondary to shaken baby syndrome and dies of pneumonia three years later, answer the following household questions regarding the time of the shaking. However, if something about the quality of the child's foster care at the time of death was also contributory to death, note that in the incident narrative.

Name	Label	Table	Type	Field Length	Priority	Primacy
KDV	Intimate partner violence in victim's household:	Person	Number	1	O	CFR
KSubs	Substance abuse in victim's household:	Person	Number	1	О	CFR
KDVFos	Intimate partner violence in victim's foster home:	Person	Number	1	О	CFR
KSubsFos	Substance abuse in victim's foster home:	Person	Number	1	0	CFR

Response Options:

KDV

thru

KSubsFos

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

SUPERVISION

KSupPerp Perpetrator was supervisor: Quality of supervision a factor: **KSuperv** Supervisor's relationship to victim: **KSupRel** Supervisor's age: **KSupAge** Supervisor's sex: **KSupSex** No supervision: **KSupNo** Supervisor drug/alcohol-impaired: **KSupDrug** Supervisor distracted or asleep: **KSupBusy** Other supervisory factor: **KSupOther**

Name	Definition				
KSupPerp	Perpetrator responsible for supervision at time of incident?				
KSuperv	Did the quality of supervision contribute to the death of the victim?				
KSupRel	Relationship of supervisor to the victim				
KSupAge	Age of supervisor				
KSupSex	Sex of supervisor				
KSupNo	No supervision of the victim				
KSupDrug	The supervisor was drug- or alcohol-impaired				
KSupBusy	The supervisor was distracted or asleep				
KSupOther	Other supervisory factor contributed to victim's death				

Uses

Inadequate supervision can increase the likelihood of unintentional firearm injuries, suicide, and homicide. This association is especially true for younger children. Information gathered from this group of variables will help describe the inadequacy *only when* it played a role in the victim's violent injury, thereby informing prevention efforts.

Discussion

If the perpetrator/suspect was responsible for the victim's direct supervision at the time of the incident (i.e., in the case of a homicide), then code KSupPerp "Yes" and code the rest of the supervision variables as "Not applicable". Likewise, if the quality of the supervision did *not* contribute to the child's death (as determined by the CFRT, see Page 13-21) or it is unknown, code "No" or "Unknown" and the remainder of the supervisor variables as "Not applicable".

The supervisor is the person with the primary responsibility for the care and control of the child at the time of the fatal injury. If there were two supervisors at the time of the fatal incident, but one clearly had primary responsibility, code the person with the primary responsibility. If the responsibility of supervision was equally divided between two people, code the person who's supervision quality seemed most contributory to the child's death.

Determining supervision adequacy is purposefully left to the Child Fatality Review Team (CFRT) by this group of data elements. "Quality of supervision" refers specifically to the quality of supervision at the time the fatal injury occurred, not to parenting style in general. "No supervision present" should be indicated if no arrangements for supervision were apparently made (e.g., leaving a 3 year old unattended for half an hour). If an inappropriately young or old supervisor was appointed, specify the circumstances under "Other". Any additional exceptional circumstances may be coded by endorsing KSupOther and including a description in the CFR incident narrative. All of the variables are based on the CFRT's findings, even though the information to support the CFRT's findings may well originate from multiple sources.

Name	Label	Table	Туре	Field Length	Priority	Primacy
KSupPerp	Perpetrator was supervisor:	Person	Number	1	0	CFR
KSuperv	Quality of supervision a factor:	Person	Number	1	О	CFR
KSupRel	Supervisor's relationship to victim:	Person	Number	1	О	CFR
KSupAge	Supervisor's age:	Person	Number	3	О	CFR
KSupSex	Supervisor's sex:	Person	Number	1	О	CFR
KSupNo	No supervision:	Person	Checkbox	1	О	CFR
KSupDrug	Supervisor drug/ alcohol-impaired:	Person	Checkbox	1	О	CFR
KSupBusy	Supervisor distracted or asleep:	Person	Checkbox	1	0	CFR
KSupOther	Other supervisory factor:	Person	Checkbox	1	О	CFR

Response Options:

KSupPerp	
0	No
1	Yes
7	Not collected by local CFR team
8	Not applicable
9	Unknown
KSuperv	
0	No, supervision was appropriate
1	Yes, supervisor was not the perpetrator
2	Yes, supervisor was the perpetrator
3	Supervision not needed/expected
4	CFRT could not determine
7	No collected by local CFR team
8	Not applicable
9	Unknown
KSupRel	
1	Primary caregiver
2	Other adult relative
3	Babysitter/child care provider
4	Primary caregiver's boy/girlfriend
5	Sibling/step-sibling
6	Other, specify in incident narrative
7	Not collected by local CFR team
8	Not applicable
9	Unknown
KSupAge	
777	Not collected by local CFR team
888	Not applicable
999	Unknown
KSupSex	
1	Male
2	Female
7	Not collected by local CFR team
8	Not applicable
9	Unknown
KSupNo	
thru	
KSupOther	
0	No, Not collected by local CFR team, Unknown

Yes

PARENT/CAREGIVER 1 **PARENT/CAREGIVER 2**

Primary caregiver is a victim or suspect

in the incident:

If yes, caregiver's ID in the incident:

Relationship to victim: GRel1/GRel2

Person lived with victim: GCohabit1/GCohabit2

Age at time of incident: GAge1/GAge2 Sex: GSex1/GSex2

Had legal custody of victim at time

of death

Had documented history of maltreating: Had a previous child die in his/her care:

GPerson1/GPerson2

GPersID1/GPersID2

GCustody1/GCustody2

GCAN1/GCAN2 GDeath1/GDeath2

Name	Definition
GPerson1 GPerson2	Is the victim's primary caregiver a victim or suspect in the incident?
GPersID1 GPersID2	Caregiver's Person ID in the incident
GRel1 GRel2	Caregiver's relationship to the victim
GCohabit1 GCohabit2	Caregiver lived with victim at the time of the incident?
GAge1 GAge2	Age of Caregiver at the time of the incident
GSex1 GSex2	Sex of Caregiver
GCustody1 GCustody2	Caregiver had legal custody of the victim at time of death
GCAN1 GCAN2	Caregiver had documented history of maltreating a child
GDeath1 GDeath2	Caregiver had a previous child die in his/her care

Uses

Information (including relationship, age, gender, and legal custody status) regarding the victim's parents or other primary caregiver(s) may provide insight into potential risk factors for violent death among children.

Discussion

The victim's primary caregiver is defined as the person or persons (up to two) who had responsibility for the care, custody, and control of the child the majority of the time. The primary caregiver(s) may be the child's parent or parents (biological, step, adoptive parents) or another relative. If the child was living with his/her biological or adoptive parents, assume that they were the primary caregivers and had legal custody of the decedent unless otherwise specified in the records. The primary caregiver(s) may also be the state child protective services agency/foster parent(s) or another institution in some cases. In the instances when the child is residing in foster care or an institution, complete this information for the primary caregiver(s) in the family of origin if known (not for the foster family or institutional caregivers). In the case of neonaticide, assume that the biological mother was the primary caregiver unless there is evidence that another person (e.g., father, grandmother) had assumed control of the child as a caregiver at the time of the incident. If the primary caregiver(s) at the time of death was different from the primary caregiver(s) at the time of the incident, answer regarding the primary caregiver(s) at the time of the incident. For example, if a baby is shaken by its biological mother as an infant and survives in a vegetative state in foster care until three years of age, code the biological mother. "Documented history of child maltreatment" indicates a substantiated CPS report/referral or rights termination.

Name	Label	Table	Type	Field Length	Priority	Primacy
GPerson1 GPerson2	Primary caregiver is a victim or suspect in the incident:	Person	Number	1	O	CFR
GPersID1 GPersID2	If yes, caregiver's ID in the incident:	Person	Number	5	O	CFR
GRel1 GRel2	Relationship to victim:	Person	Number	1	O	CFR
GCohabit1 GCohabit2	Person lived with victim:	Person	Number	1	O	CFR
GAge1 GAge2	Age at time of incident:	Person	Number	3	O	CFR
GSex1 GSex2	Sex:	Person	Number	1	0	CFR
GCustody1 GCustody2	Had legal custody of victim at time of death:	Person	Number	1	0	CFR
GCAN1 GCAN2	Had documented history of maltreating:	Person	Number	1	О	CFR
GDeath1 GDeath2	Had a previous child die in his/her care:	Person	Number	1	0	CFR

Response Options:

GPerson1 and

GPerson2

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

GPersID1 and

GPersID2

None

GRel1 and

GRel2

- 1 Biologic parent
- 2 Stepparent
- 3 Adoptive parent
- 4 Other relative
- 5 Parent's intimate partner
- 6 Other non-relative

Person/CFR/Household and Committee Information

7	Not collected by local CFR team
8	Not applicable
9	Unknown
GCohabit1 and	Chkhown
GCohabit2	
0	No
1	Yes
7	Not collected by local CFR team
8	Not applicable
9	Unknown
GAge1 and	Chkhowh
CAge2	
None	
GSex1 and	
GSex2	
1	Male
2	Female
9	Unknown
GCustody1 and	
GCustody2	
0	No
1	Yes
7	Not collected by local CFR team
8	Not applicable
9	Unknown
GCAN1 and	
GCAN2	
0	No
1	Yes
7	Not collected by local CFR team
8	Not applicable
9	Unknown
GDeath1 and	
GDeath2	
0	No
1	Yes
7	Not collected by local CFR team
8	Not applicable
9	Unknown

COMMITTEE RECORDS

C/ME records: KRecME SS/CPS records: **KRecCPS** Police/Law Enforcement records: **KRecLaw** School records: KRecEdu **EMS records: KRecEMS Health Provider/Hospital records: KRecMD Public Health Department records:** KRecDOH **Mental Health Records: KRecPsy Juvenile Justice records: KRecJuv Death Certificate: KRecDC** Other records: **KRecOth** Specify (what other records): **KRecTxt**

Name	Definition		
KRecME Coroner/Medical Examiner records were consulted in the CFRT review of victim's death			
KRecCPS	Social service/CPS records were consulted in the CFRT review of victim's death		
KRecLaw	Police records were consulted in the CFRT review of victim's death		
KRecEdu	School records were consulted in the CFRT review of victim's death		
KRecEMS	EMS records were consulted in the CFRT review of victim's death		
KRecMD	Health records were consulted in the CFRT review of victim's death		
KRecDOH	Public health department records were consulted in the CFRT review of victim's death		
KRecPsy	Mental health records were consulted in the CFRT review of victim's death		
KRecJuv	Juvenile Justice records were consulted in the CFRT review of victim's death		
KRecDC	Death certificate records were consulted in the CFRT review of victim's death		
KRecOth	Other records were consulted in the CFRT review of victim's death		
KRecTxt	Free text field to note other records consulted in the CFRT review of victim's death		

Uses

Information about the primary data sources consulted during the review of the victim's death indicates its comprehensiveness. It will also verify the primary data sources consulted to arrive at decisions regarding adequacy of supervision and preventability.

Discussion

The primary data sources used to review a child death vary from CFR program to program and often from death to death. Code the data source as "Yes" if the records were consulted about the death, even if the given agency ended up having no information about the victim. Do not code a source as "Yes" if the only information gathered was secondary (e.g., the DSS records indicate that law enforcement performed an investigation, but the actual law enforcement records were not consulted).

Name	Label	Table	Type	Field Length	Priority	Primacy
KRecME	C/ME records:	Person	Checkbox	1	O	CFR
KRecCPS	SS/CPS records:	Person	Checkbox	1	О	CFR
KRecLaw	Police/Law Enforcement records:	Person	Checkbox	1	О	CFR
KRecEdu	School records:	Person	Checkbox	1	О	CFR
KRecEMS	EMS records:	Person	Checkbox	1	О	CFR
KRecMD	Health Provider/ Hospital records:	Person	Checkbox	1	O	CFR
KRecDOH	Public Health Department records:	Person	Checkbox	1	O	CFR
KRecPsy	Mental Health records:	Person	Checkbox	1	O	CFR
KRecJuv	Juvenile Justice records:	Person	Checkbox	1	О	CFR
KRecDC	Death Certificate:	Person	Checkbox	1	О	CFR
KRecOth	Other records:	Person	Checkbox	1	О	CFR
KRecTxt	Specify (what other records):	Person	Text	50	O	CFR

Response Options:

KRecME

thru

KRecOth

0 No, Not collected by local CFR team, Unknown

1 Yes

KRecTxt

None

COMMITTEE DECISIONS

CFR conclusion matches Death Certificate: KConclud If no, manner the CFR designation: KManner Text to specify other manner: KMannTxt Action taken to change the official manner: KAction Result of action: KResult CFR determination of preventability: KPrevent

Name	Definition
KConclud	Did the CFR designation of the child's manner of death match the death certificate manner?
KManner	Manner of death designated by the CFR
KMannTxt	Text field for CFR manner of death if "other"
KAction	If not, was action taken by the CFR to change the manner of death?
KResult	Result of action taken by the CFR to change the manner of death
KPrevent	CFR conclusions regarding the preventability of the death

Uses

CFRT review results can be inconsistent with the death certificate. The information gathered from these variables will help estimate the frequency and nature of, and response to such inconsistency. Many CFRTs assess the preventability of a given child death as a way of conceptualizing interventions that are likely to prevent a similar death in the future. While CFRTs may use differing definitions of preventability, it will be helpful to get a thumbnail sketch of the relative frequency of potentially preventable child violent deaths.

Discussion

The CFRT's conclusions are being compared with the officially-designated manner of death as *originally* specified on the death certificate (or, if the death certificate was unavailable to the committee at the time of their review, the coroner/medical examiner report). Code KConclud as "Yes" if the CFRT's manner of death matched the manner of death originally designated on the death certificate. Code KConclud as "No" if the CFRT determined that the manner of death was something other than that assigned in the death certificate data. Supply the manner chosen by the CFRT in KManner. "Could not be determined" under KManner refers to the affirmative designation of undetermined as the CFRT's manner of death. "Unknown" is to be used if the information is not available at the time of data entry. Please use the text box to explain coding "Other" for KManner. KAction and KResult will be enabled only if KConclud is coded as "No."

Some CFRTs designate the degree to which a child's death was preventable (e.g., "definitely preventable", "probably preventable", "probably not preventable", etc.). Respondents should collapse the levels they use to answer the question as "Probably not preventable," "Possibly preventable" or "Unable to determine". If the teams indicate any possibility of prevention then code "Possibly preventable." "Unable to determine preventability" is an affirmative designation (i.e. it is specifically noted on the CFRT form) otherwise, code "Unknown".

Name	Label	Table	Type	Field Length	Priority	Primacy
KConclud	CFR conclusion matches Death Certificate:	Person	Number	1	0	CFR
KManner	If no, manner the CFR designated:	Person	Number	2	О	CFR
KMannTxt	Text to specify other manner:	Person	Text	30	0	CFR
KAction	Action taken to change the official manner:	Person	Number	1	0	CFR
KResult	Result of action:	Person	Number	1	О	CFR
KPrevent	CFR determination of preventability:	Person	Number	1	О	CFR

Response Opti	ions:
KConclud	
0	No
1	Yes
7	Not collected/CFR team does not make this comparison
8	Not applicable
9	Unknown
KManner	
1	Natural
2	Accident
3	Suicide
4	Homicide
5	Pending investigation
6	Could not be determined
66	Other
77	Not collected/CFR team does not designate manner
88	Not applicable
99	Unknown
KMannTxt	
None	

Person/CFR/Household and Committee Information

KAction	
0	No
1	Yes
7	Not collected/CFR team does not make this comparison
8	Not applicable
9	Unknown
KResult	
0	No change
1	Manner changed to agree with CFRT
3	Pending
6	Other
7	Not collected by local CFR team
8	Not applicable
9	Unknown
KPrevent	
0	Probably not preventable
1	Possibly preventable
2	Unable to determine preventability
7	Not collected/CFR team does not determine preventability
8	Not applicable
9	Unknown

CIRCUMSTANCES (CFR)

History of inpatient psychiatric treatment:

Taking psychiatric medication at time of death:

Barriers to accessing mental health care:

HstPsyTr
PsyMed
BarAcsTr

Name	Definition
HstPsyTr	Victim has ever been treated as an inpatient for psychiatric problems
PsyMed	Victim had a current prescription for a psychiatric medication at the time of the incident
BarAcsTr	Victim experienced barriers to accessing mental health care (applicable only to victims coded as having a mental health problem and not being in treatment)

Uses

These variables will provide more in depth information about mental health treatment for children who commit suicide than is currently collected by the main reporting system for adult victims. HstPsyTr can be used as an indicator of the severity of the mental health disorder, and PsyMed, when used in conjunction with toxicology results, may be useful for identifying patients in current treatment who were not in compliance. BarAcsTr will be helpful for identifying potential problems in accessing mental health care.

Discussion

These variables supplement the basic Suicide Circumstances related to mental health. Indicate that the child received inpatient psychiatric care if there is a documented history of inpatient psychiatric treatment ever, not just at the time of death. This includes an overnight or longer stay at a psychiatric hospital or institution, psychiatric halfway house, or psych unit within an acute care hospital. PsyMed refers to whether the patient had an active prescription for psychiatric medication at the time of death. They need not have actually been taking the medication. When available, toxicology results will help assess whether the decedent was taking the medication prescribed.

If a child victim was noted as having a mental health problem and as not being in mental health treatment, the BarPsyTr variable will document whether any evidence in the record indicates that the victim encountered barriers in accessing mental health treatment. Code "Yes" if there were specific obstacles or if it was known that treatment was either recommended by a health professional and/or identified by the family yet care was not received. Examples of specific obstacles include lack of insurance coverage, transportation problems, or long waiting lists. Another example would be parental awareness of their child's suicidal ideation, but inability to establish care because of immigration status. Please describe the nature of the barrier in the Incident Narrative.

Name	Label	Table	Туре	Field Length	Priority	Primacy
HstPsyTr	History of inpatient psychiatric treatment:	Person	Checkbox	1	О	CFR
PsyMed	Taking psychiatric medication at time of death:	Person	Checkbox	1	O	CFR
BarAcsTr	Barriers to accessing mental health care:	Person	Checkbox	1	О	CFR

Response Options: HstPsyTr thru

BarAcsTr

0 No

1 Yes